

State/Territory: Mississippi

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY-NEEDY

1. Inpatient hospital services other than those provided in an
-institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished
by a rural health clinic (which are otherwise included in the State plan).

Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other
ambulatory services that are covered under the plan and furnished by
an FQHC in accordance with section 4231 of the State Medicaid Manual
(HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: No limitations X With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
Provided: X No limitations With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: No limitations X With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: No limitations X With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: No limitations X With limitations*
Not Provided

* Description provided on attachment.

TN No.	<u>94-12</u>	Approval Date	<u>8-15-94</u>	Effective Date	<u>7-1-94</u>
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TN No.	<u>93-15</u>				

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
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b. Optometrists' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of
limitations, if any.
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in
the area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: ☐ No limitations ☒ With limitations*

* description provided on attachment.

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- d. Physical therapy, occupational therapy, or speech pathology and
-- audiology services provided by a home health agency or medical
rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

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9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 89-11
Supersedes
TN No. 85-5

Approval Date 12-12-89

Effective Date 1-1-90
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State Mississippi

AMOUNT, DURATION AND SCOPE OF MEDICAL
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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- b. Dentures.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not provided.
- c. Prosthetic devices.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- d. Eyeglasses.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.

*Description provided on attachment.

TN No. 89-11
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TN No. 85-5

Approval Date 12-13-89

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AMOUNT, DURATION AND SCOPE OF MEDICAL
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b. Screening services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

b. Nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

TH No. 91-23

Supersedes

TH No. 89-11

Approval Date 5-4-93

Date Received 9-12-91

Effective Date 7-1-91

AMOUNT, DURATION AND SCOPE OF MEDICAL
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15. Services in an intermediate care facility for the mentally retarded (other :
in an institution for mental diseases) for individuals who are determined,
in accordance with Section 1902(a)(31)(A), to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years
of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

18. Hospice care (in accordance with section 1903(e) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 91-23

Superseded

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

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State/Territory: Mississippi

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

23. ^{Certified} Pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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